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[NO. 21.]

TREPHINING FOR EPILEPSY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In noticing an operation of trephining which I performed at the Massachusetts General Hospital some weeks since, you expressed your intention of publishing, at a future period, a complete history of the case. I should have furnished you with the materials for this much earlier, had I not wished, before doing it, to see if the benefit from the operation was likely to be permanent.

Believing, as I now do, that there can hardly be a doubt upon the subject, I send you the minutes of the case, taken from the hospital records, made at the time, daily, by the house surgeon. One or two prefatory remarks will, perhaps, render these more clear. From the record it will be seen that the patient had been afflicted with epilepsy almost twelve years; that the fits came on immediately after the healing of an ulcer on the head, from which a piece of bone had been discharged; that in the commencement the fits were of very frequent occurrence, several taking place in the course of a week; that the intervals between them became longer, as his general health improved, but that recently they had recurred oftener, there being only sixty days between the two last, though he felt tolerably well in other respects.

It should also be noticed that he had a constant sense of pressure on the head, and that slight causes would produce violent spasmodic affections. The operation has, thus far, not only prevented the return of the epilepsy, though it is more than a month beyond the time that he had a right to expect a paroxysm, but has removed entirely the painful sensation of pressure in the head, and the strong tendency to spasmodic action. He now performs his parochial duties without inconvenience.

The patient recovered rapidly from the operation, and walked out in the street twelve days after its performance. He would have been able, no doubt, to have done this much sooner, had he not been attacked with erysipelas. The occurrence of this disease cannot, I think, be attributed to the atmosphere of the hospital, for there was no other case in the house at the time, nor had there been one for some time before; and the patient was in a private room, with an open fire place, and one well ventilated in other respects. The disease, too, was of a mild character, such as frequently comes on after operations about the

head in private practice, and showed no tendency to assume the malignant form which often renders it the scourge of hospitals.

I remain, very truly, yours, GEORGE HATWARD.

Hospital Record.

March 17th, 1838. Rev. E. Q. S., æt 41. Married; clergyman, Scituate. Thirteen years ago had a scrofulous abscess below the left angle of the jaw, which healed in seven or eight months, and was followed by a small one in angle between left temple and forehead, which also closed. Soon after, an abscess formed about two inches to the left of the sagittal suture, and just behind the coronal suture; very painful during its formation, which was rather slow; this received no treatment; finally burst, and after remaining open for some time without any tendency to heal, was probed, and the bone found to be carious; after a while a piece of bone came away, of the size of the top of a common thimble, and perforated with small holes, and in about a year from its commencement the ulcer healed. The caries, as far as the patient recollects the statement of his physician, involved both tables of the bone. This abscess was accompanied by several indolent swellings in the neighborhood, and a swelling upon the sternum, and swelling and great pain in the right arm, with slight redness and much tenderness—these going off under the use of blisters, leeches, &c. At the same time also had "neuralgia" of the left side of the face, with much pain in the left eye and some loss of vision, and luminous flashes and spectra occasionally. These complaints were accompanied by general failure of health, diarrhoea, night-sweats, watchfulness at night, loss of appetite, and great prostration; so that at the cicatrization of the ulcer, he was left in a very feeble condition. Immediately after, fits of an epileptic character occurred every night, or every second night, head being usually drawn back and tossed from side to side; violent spasms of all the limbs and of the lower jaw; loss of consciousness for a few minutes at the commencement of the fit; frequent frothing at the mouth; gritting of the teeth, lividity of countenance, and vocal noise. Spasms continuing at intervals for one or two hours, leaving patient with violent pain in the head, especially about the cicatrix. Since commencement of disease of the head, has never been free from a dull, heavy, distressing feeling in head, as if from pressure of a "leaden cap," and this always referred to the cicatrix as its centre. Besides the complete fits, has very often had partial fits, in which there were universal spasms, with a confused, bewildered feeling, without loss of consciousness. These fits and spasms have been frequently induced by mental excitement, sudden jars, and unexpected and loud sound; and much mental exertion at any time would bring on severe pain and distress about cicatrix. During whole time has frequently been much annoyed by an excessive secretion of very pale urine, sometimes to the amount of two or three quarts in twenty-four hours, requiring him to pass it very frequently; and this has occurred both immediately after a fit and during the interval. Patient gave up his mental pursuits for two years after healing of ulcer on head; his fits growing less frequent as his health improved, till they

occurred only once in four months; till the last year, when their frequency has increased, the last two intervals having been only two months each. Last fit occurred March 4th.

For the last ten years, health has been quite good, excepting after fits, from which he recovered but slowly, and excepting also the constant sense of pressure in the head. When trouble in head has been most severe, has often had nausea. For a year previous to abscesses, had devoted himself very assiduously to study and writing, especially in the preceding summer, which was excessively hot, and during which he was often exposed to great heat and fatigue in the discharge of his duties. Fits apparently not excited by bodily exercise, of which he has used much for several years past.

18th. Pulse 72, regular; appetite pretty good; bowels regular; sleep disturbed and broken. Complains of much pain and distressed, heavy feeling in head, principally about cicatrix. On examination, two inches to the left of the sagittal suture, and just behind the coronal, there was found a pit, barely admitting the end of the little finger, the integuments being drawn in and adhering to the bottom, which being probed feels firm and resisting. Some depressions felt in bone, round edges of the pit, probably from exfoliation of the outer table. Some tenderness about pit on pressure. Very slight pulsation thought to be observed in it at times, but this not satisfactorily determined. Diet—milk and vegetable food. 3 iv. of blood to be taken by cupping near pit.

19th. About 3 iss. of blood only was obtained. Returned from church yesterday with violent pain in the head and nausea; laid down and slept with relief—sleep broken as usual. Now pulse 66; appetite good; bowels open. Complains of much pain in the head, and throbbing in cicatrix. 3 vi. of blood to be taken by cupping near cicatrix.

20th. 3 vi. of blood were taken with instantaneous relief of pain and heaviness, head feeling much lighter than it had at any time during last 13 years. Sense of heaviness, however, returned soon, though in a less degree than before cupping. Slept quite soundly through the night. Sense of heaviness less now than usual. Otherwise the same.

21st. Slept better than usual, but awoke about 4, A. M., with general spasmodic action of limbs, head, &c.

23d. Last night awoke, about midnight, from sound sleep, by general and violent convulsions, with some confusion of mind, but not actual loss of consciousness. Pain in head increased; otherwise the same. Strength good. A consultation was held this day, and it was unanimously agreed to recommend an operation; but to state at the same time to the patient the uncertainty and danger. 3 ij. of the solution of salts were directed to be taken early in the morning.

24th. Constant pressure and heaviness in head as usual. Awoke frequently in the night with indescribable distressed feelings in legs, which he has been subject to—but had no spasms. Now complains of much pain about cicatrix, with throbbing, more than usual. Mouth and throat dry and parched. Pulse 108. Appetite small. Mind calm and composed. Two dejections.

Operation by Dr. Hayward, at 12, M.—Patient being laid upon the

table, scalp having previously been shaved, three straight incisions were made, behind, before, and inside of cicatrix, thus forming three sides of a square, and the flap dissected up and turned back; in doing which the adhesion of the scalp to the bottom of the pit was cut through, and the flap perforated. The periosteum having been removed, a large trephine was then applied so as to include the pit in the bone, and the bone slowly and carefully sawed through. The piece of bone was easily detached from the dura mater, except at about its centre, where there was an adhesion of the membrane to a short, delicate, bony projection, which was broken off in the examination after the bone was removed. This adhesion was separated, without much difficulty, with the end of a probe, and the bone removed with instantaneous and complete relief of the sense of pressure, the patient declaring, while on the table, that he had not felt so well for thirteen years. Dura mater appeared perfectly healthy.

Wound having been cleared of coagula, &c., the flap was brought over and secured by adhesive straps, simple pledget over this, and a loose bandage. The patient was then conveyed to bed, having borne the operation with the utmost calmness and fortitude. Bone removed, one inch in diameter, and of very irregular thickness.

Patient to be kept perfectly quiet. Head to be kept raised. Room to be darkened. To take for nourishment, gruel and arrow-root; and for drink, lemonade, barley water, &c.

It is, perhaps, unnecessary to give any more of the hospital record; it may, however, be proper to observe that he continued comfortable till the afternoon of the day after the operation. He then became restless, with universal distress, heaviness and diarrhoea, and on the evening of the following day, erysipelatous inflammation showed itself in the forehead. This gradually extended over the face, and down the neck, but did not attack the wound, which went on well and healed kindly.

Notwithstanding the erysipelas, the convalescence was rapid, and during it there was not a return of one of the symptoms, for the relief of which the patient submitted to the operation. As I before observed, he walked out in twelve days after it, and on the 9th of April he was discharged from the hospital, well.

P. S. Since the foregoing was written, I have received a letter from the gentleman who was the subject of this operation, dated June 12th. In this he says, "In regard to my present health, it gives me great satisfaction to be able to state, generally, that I am, with a slight exception, very well. The peculiar sense of relief which I expressed in the moment when the operation was over, has become a part of my common consciousness. I am aware of nothing which affords reason for doubting the ultimate entire success of your efforts for my restoration to sound health."

The slight exception to which he refers, is the occasional occurrence of pains in the head, which he says are "dull and heavy, rather than acute, and never of long continuance, occurring upon any protracted effort of attention, as in listening to conversation or a discourse. I have the same with more severity upon any attempt at study. These pains

are in the anterior part of the head, in the region of the old difficulty. They are distinguishable by myself from the peculiar leaden pressure which that difficulty made a uniform habit, and do not come so frequently or stay so long as to impair the sense of relief in that quarter, to which I alluded in the opening of this letter. Nothing like spasms, nothing approaching to them, has ever returned upon me. I have preached four entire Sundays, with great comfort, and no one symptom of evil consequence. It has happened that my rest afterwards has been more tranquil than on some other nights."

June 15th, 1838.

PSEUDO LABOR.

[Communicated for the Boston Medical and Surgical Journal.]

THE phenomena of labor are various and interesting, and all alike deserving the attention and study of the medical practitioner. No apology will, therefore, be offered for giving publicity to the following case of pseudo labor, or an attempt of nature to expel the fœtus, and which was, after a singular manner, relinquished.

February 2, I was called to Mrs. A—— L——, represented to be in labor. She was a healthy young woman, about 25 years of age—had never borne a child. When I arrived at the house, about 9 in the evening, pains had been present several hours, and were then occurring at intervals of 5 or 10 minutes. I soon requested an examination, and found the os uteri nearly in its natural state, and the soft parts but little dilated. The pains continued with increasing severity and with the same frequency. One or two other examinations were made during the night. The labor seemed to advance, though very slowly. The os uteri was disposed to dilate, but very gradually. The external parts were becoming soft and flaccid. Although this state of things did not indicate a very speedy termination, still there was every reason to believe that true labor had commenced.

Feb. 3. At 8, this morning, found, somewhat to my surprise, that very little progress had been made. The os uteri had, however, perceptibly dilated, so that it was now of the size of half a dollar. The woman, at this period, seemed considerably exhausted, from the severe and protracted effort. The pains continued through the day as severe, though not with the same frequency. At evening, on finding the labor no nearer to a close, and the strength much exhausted, prescribed tinct. opii grs. lx. in order to procure perfect quiet for a season, with a hope that nature might complete the work, refreshed by the interval of rest. When the influence of the opiate had passed off, the pains were renewed with the same frequency and severity as before. The soft parts became almost or quite as much dilated as is usual at delivery, and perfectly lubricated; in short, every thing seemed prepared for the birth of the child, excepting (what, to be sure, is of no small importance) the unyielding state of the os uteri, which remained "in statu quo," was quite rigid, and would dilate no farther. Thus there was an entire want

of correspondence and sympathy between the different parts concerned in labor. I left my patient in the evening, thinking that the labor would advance, and that I should be called during the night. I was not sent for, as I anticipated, and on visiting her the next morning found her sitting up and appearing quite cheerful. The pains had nearly ceased, and in a few hours they left her entirely, and every symptom of labor had vanished, so that before night she resumed the superintendence of her domestic affairs, as usual.

This could hardly be called an attempt at abortion or miscarriage, for the natural period of gestation was completed within a week, according to the woman's calculation, and she was very positive on the subject.

In ten or twelve days from this time labor again commenced, and proceeded as before; the os uteri, however, now dilating and yielding perfectly, so that the child was born in a few hours without any untoward or unusual circumstance.

Cases of abortion and premature labor are of frequent occurrence, but I have never seen a case related, neither has one occurred in my own practice, where labor had apparently so far advanced, and where the state of things usually attendant on parturition was so nearly perfect, and yet, by a gradual retrograde movement, the parts concerned in labor were restored to the same condition which had existed for months previous.

This woman had made no unusual exertion; in fact, nothing had occurred which might have caused the uterus to take on the parturient action at this time. It was regarded as the natural and proper commencement of labor.

J. J. D'W.

Newport, R. I., May, 1838.

FUNGUS HÆMATODES.

BY L. HOWE, M.D., JAFFREY, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. JEWETT, of Rindge, aged 73, widow of the late Dr. Stephen Jewett, some time in June, 1837, called on me to have a wen extracted. The tumor was situated on the superior part of the right parietal bone, and was nearly of the size of a hen's egg. It was less moveable than encysted tumors usually are, but possessed their characteristic elasticity; no pulsation was perceptible either to the touch or eye. It was about eight weeks since it was discovered, and during the last three, its growth had been rapid. She experienced no pain in the tumor or head, and her health was good for one of her age. She expressed a desire to have it removed, on account of its rapid growth; and although it presented a suspicious character, I saw no sufficient reason for declining the operation.

A crucial incision was made through the scalp over the tumor, and while separating the flesh from it, a slight pressure of my finger burst its envelope, when black blood gushed out in a full current. I immediately introduced my finger, and discovered that the tumor, external to the cra-

nium, had escaped, and through an opening in it I felt the pulsation of the brain. Dr. I. Fox, who was present, on examination, made a similar discovery. The hemorrhage was suppressed by sponge wet in cold water, and the wound dressed with compress and bandage. The next day the patient rode to her home, the distance of four miles. On the fourth day, the dressings being removed, the wound was found nearly united, and the tumor reduced to about one half its size before the operation; was now compressible, and exhibited the pulsations of the brain. Adhesive straps, compress and bandage, were now applied so as to afford a little pressure. From this time there was a small discharge from the apex of the incisions where cicatrix did not form, for some weeks, and during this time the growth of the tumor was slow—nearly stationary. About the time the wound was entirely healed, and this tumor more rapidly protruding, another was discovered low on the occipital bone. This yielded readily on pressure; the pulsations of the brain distinctly felt and seen, and an opening, nearly the circumference of the tumor, perceptible through the skull. It gave no uneasiness to the patient, and was accidentally discovered by her friends. The growth of this, in its diameter, was more rapid than that of the first one. In November, the prominent part of the first tumor had ulcerated and fungus began to be protruded. From this time there was occasionally an exhausting hemorrhage, and her health declined. She was frequently afflicted with nausea—emaciated, and became hectic. Prominent portions of the fungus sloughed off, but this did not diminish the tumor. Mrs. J. retained her mental faculties till forty-eight hours before her death, on the 30th of March.

Post-mortem Examination.—Fungus on the parietal bone eight inches in circumference, and its projection four and a half. This we had to separate before raising the skull. It had a medullary appearance, but its texture was more spongy, especially about its centre, where was a large sinus. The other tumor was soft, and could easily be compressed within the cranium. During the operation of sawing and raising the skull, it was ruptured, and the principal part of its contents, being black blood, was discharged, leaving a small quantity of fungus adhering to the dura mater and tentorium. The dura mater was so firmly adherent to the left parietal bone as not to be separated on raising the skull. The superior orifice was about the size of a dollar, and the inferior somewhat larger. The fungus was easily separated from the dura mater, leaving a smooth surface. On the internal surface of this membrane, no traces of disease could be discovered. The ventricles contained about three ounces of water.

Perhaps it would not be unimportant to notice that the cranium was of unusual thickness—the frontal bone being, on an average, one half an inch. The development of the anterior lobes of the brain was small in proportion to the posterior.

Mrs. J. possessed a phlegmatic temperament; a strong and discriminating mind; was highly esteemed, not only by her friends and neighbors, but by the many invalids who sought her advice after the death of her husband.

I do not possess much acquaintance with phrenological science, but I suspect its advocates would not adduce this case as affording evidence of the infallibility of their theory.

June, 1838.

VAGINAL TUMOR.

[Communicated for the Boston Medical and Surgical Journal.]

I SEND you the following case in my practice in an adjoining county, and if you think it worthy a place in the Journal, it is at your disposal. The case is hastily drawn up.

In the month of November, 1835, I was called to see Mrs. Y., of an adjoining county in this State, who had for some time been afflicted with an acute pain in the uterine region. She informed me, that for several months she had occasionally suffered much from a "burning pain in the passage," and more particularly during the menstrual period, and occasionally attended with a disagreeable itching of the sphincter ani and labium pudendi; at other times a "bearing down," or sense of weight in the vagina. These symptoms she attributed to cold. On examination I found the uterus somewhat turgid, with a tumor about the size of a pigeon's egg, situated on the left side of the neck of the uterus. The tumor could be easily moved with the finger, and appeared to be contained in a sac connected with the uterus only by cellular membrane, or a very trifling membranous substance. No fluctuation was felt in the tumor, and no pain experienced when pressure was made on it. My opinion at that time was, that the uterus was impregnated, and that the pain was entirely the effect of the tumor. I informed the patient and her husband of the result of my examination. They appeared not altogether satisfied with my view of the case, and consulted a Dr. P., of an adjoining county, who gave, as his opinion, that no tumor existed, and that she was pregnant; that the pain entirely originated in irritation occasioned by excessive venery, or some other cause producing the same effect. Dr. P.'s opinion quieted the patient's fears, and I heard no more of the case until the 29th of June, 1836, when I was called to render assistance to the patient, who was in labor, and had been under the treatment of an ignorant old "granny," and also two of Dr. Thomson's practitioners in steam and red pepper, for twenty-six hours. The old woman in attendance could give me no description of the progress of the labor, or the cause of the perplexity. One of the *learned* disciples of Thomson informed me that "the mouth of the womb had *grown a one side*," and that the woman never could be delivered but by the "*Seesaring*" operation, as he learnedly called it. On examination I found the vagina obstructed by a tumor of the size of a goose's egg. Having more particularly examined the part, I discovered that the tumor was divided into two parts by a membranous substance, the most depending part being the largest. The situation of the tumor was such as to give the os uteri an oblique direction, thereby impeding and rendering inefficient the operations of nature. Having procured a scalpel

and scissors, I divided the larger tumor from its connection with the uterus and small tumor, in which operation a portion of the cervix and os uteri was separated. The hemorrhage from the wound was trifling, and the woman was delivered without further trouble. The lochia healthy and natural. In three weeks the woman perfectly recovered, having, in the course of that time, been troubled with a sanious and very offensive discharge, but not in any great quantity, or more than might reasonably have been expected under the circumstances of the case.

I saw the patient in February last. She had continued well; the remaining portion of the tumor was no inconvenience to her. She was not pregnant, and the deficiency produced by the removal of a portion of the uterus with the tumor, could be distinctly felt with the finger.

Very respectfully, your obedient servant, ESEN. C. SUGG, M.D.
Spring Creek, Vego Co., Indiana, May 29, 1838.

CASE OF ANOMALOUS TUMOR OF THE EYE-BALL.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

TUMORS having a purple color and containing a fluid, sometimes occur on the anterior part of the eye-ball as the result of deep-seated and long-continued inflammation, and are described by writers on ophthalmology under the head of *staphyloma scleroticæ*. They might more properly be termed *staphylomatous tumors* of the choroid coat, being caused by the pressure of that tunic (distended with the contents of the eye, changed to a watery fluid) on the sclerotic. As happens in other parts under similar circumstances, absorption takes place from the constant pressure, and the latter membrane becomes attenuated and semi-transparent in spots generally near the margin of the cornea, and allows the internal coats to be seen through it. Hence, probably, arises the purplish or livid color common to these tumors. The same appearance has been noticed in cases in which the whole eyeball becomes enlarged or dropsical, and the sclerotic coat much distended, subsequent to an attack of internal ophthalmia. The following case, it will be perceived, differs widely from the above, but corresponds more nearly to the description of *watery cysts* of the scleroticæ, a single instance of which may be found recorded at page 573 of the *Treatise on the Eye*, by W. Lawrence. The case alluded to was cured by puncturing the cyst and then cutting away its prominent portion with curved scissors. The interior was smooth, and a small round aperture was seen in the middle of the basis, apparently passing through the scleroticæ.

Henry Ramsdell, mechanic, æt. 21, applied at the Boston Eye Infirmary, early in May, with a small tumor on the front of the eye-ball, which he first noticed about two years since. It presented the appearance of a semi-transparent vesicle, about the size of half a pea, and was evidently covered by the ocular conjunctiva, apparently thickened and elevated for some distance around its base. It was situated on the sclerotic, at the junction of that coat with the inferior margin of the

cornea, involving and encroaching on the latter, and tending to increase in that direction. Upon pressure it had a firm, elastic feel, but was not otherwise moveable. The eye was free from any vascularity or sense of uneasiness, except occasionally after exposure to cold wind. The transparent media of the eye were normal, and vision was unimpaired. The patient could assign no cause for its production. At the first visit he declined adopting any active treatment for its removal. *Friday, May 11th*, I found that an acute inflammation of the conjunctiva and sclerotica had occurred, which was attributed by the patient to exposure to the night air during the prevalence of cold and damp weather. The inflammation was most intense in the neighborhood of the tumor, but extended, in a greater or less degree, over the whole front of the eye. The tumor, considerably increased in bulk, had assumed a yellowish color. The pupil, no longer circular, had now a pear-shaped form, the point being drawn downwards and outwards towards the site of the tumor. The power of vision in this eye was much impaired, though little or no haziness of the cornea could be detected. The patient complained of severe pain affecting the brow and temple, and of intolerance of light and lachrymation. By the advice of Dr. Hayward, who saw the case with me, active measures were at once employed to subdue the inflammation, making the question of excision of the tumor a subject of after consideration, to be decided according to future circumstances.

A free cupping from the temple, with smart purging, materially diminished the vascularity of the eye, and aided by a pill of calomel and opium at bed-time, entirely removed the pain. The following day it was evident that suppuration had taken place within the cyst or tumor. Dimness of vision with some intolerance of light remaining, the patient was again cupped and with decided benefit.

Sunday, spontaneous evacuation of the contents of the cyst took place, leaving the elastic coats nearly as prominent as before. At the bottom of the cyst, there was an appearance as if the sclerotic tunic was perforated at that part, and a permanent fissure or division of the radiated fibres of the iris was noticed near this spot. The patient was directed to apply frequent fomentations of rose-leaf tea to the eye, and remain in a room moderately darkened.

Monday. The tumor is gradually disappearing, under the influence, probably, of the process of absorption; the pupil has nearly or quite regained its natural shape, and vision is now as perfect as ever. The fissure in the iris, however, remains as before.

Friday. Scarcely a vestige of the tumor remains, and the eye appears to have recovered a sound condition in all respects..

The patient, seen this day, reports that the eye has continued to be perfectly well.

No. 4 Winter Street, June 12th, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 27, 1838.

MEDICAL PHILOSOPHY.*

Wisdom makes no boisterous display. Dr. Ticknor speaks to this insufferably bequacked nation in a still, small voice, but with a degree of intellectual power which cannot be resisted. Without any attempt to surprise, he has most effectually devised a plan of teaching an important kind of common sense, and from the publication of a little volume, bearing the modest title of "A POPULAR TREATISE ON MEDICAL PHILOSOPHY," we hope for the commencement of a revolution that will open the eyes of a multitude which no man can number, and eventually contribute to the final overthrow, in these United States, of the vilest system of imposition that ever disgraced the age of civilization. When the people are once made acquainted with the fact, that the majority of the entire population of this country are suffering under a disease of the brain, aptly called *pill-mania*, manufacturers of patent boluses must necessarily fall into disrepute. The quacks are taking advantage of the discovery that this is a nostrum-taking epoch—they are fully aware, too, that unless the trade is driven with vigor, the chance of profiting by the sale will soon have a finale. Half the apothecary shops in christendom are disgraced by conniving at this nefarious, homicidal business of cheating men, women and children out of their birth-right—health; and the grave yards are filled with the victims of unprincipled adventurers in medicine. We have no language strong enough to express the horror and detestation in which the whole circle of empiricism should be held. Our author shows how well he is qualified to combat the evil, yet avoiding the offenders, and appealing directly to the understanding of all such as have one single grain of sagacity in their composition. Without a qualification, the book is admirable—unexceptionably good—according to our individual notions of right and wrong in the practice of medicine.

Mr. Ticknor, at the corner of School and Washington streets, will supply the profession in Boston.

CARROLL WHITE SULPHUR SPRINGS.

AN act of incorporation having been obtained from the General Assembly of Maryland, Prof. Fisher and Mr. Andrews have made a critical analysis of the water of these springs, which must be of considerable importance to invalids. By their report, it is at once made easy to decide whether a person, under certain conditions of health, would derive advantage, or not, from the use of those celebrated fountains. There are four springs called the *white sulphur*, located in Allegany County, in the State of Maryland, now the property of a company, who have lately published their charter, with a scientific report on the waters, &c. Each spring flows through a fissure in a slate rock.

* A Popular Treatise on Medical Philosophy, or an exposition of quackery and imposture in medicine. By Caleb Ticknor, M.D. New York: published by Gould & Newman, 153. Duodecimo, pp. 272.

" 'The Carroll White Sulphur Springs' are situated on the estate of William Carroll, Esq., of Allegany county, Maryland, about equidistant from the great western turnpike and the Potomac river, within nine or ten miles of Flintstone, and eighteen or twenty miles above Hancock. This locality the undersigned consider a very advantageous one, should they hereafter become places of resort; the valley in which they rise being almost a perfect level, and easy of access to either of the three great avenues of communication to the West, the Chesapeake and Ohio canal, Baltimore and Ohio rail road, and the present turnpike road to Cumberland. This valley is found at the foot of the western slope of Green Ridge, a subordinate mountain chain immediately west of Town hill. It is drained by the tributaries of 'Fifteen mile creek,' and the creek itself flows for a considerable distance through it, until it reaches a gap near the Springs, through which it passes, in its course towards the Potomac.

" The distance from Baltimore to the Springs is about one hundred and nineteen miles; one hundred and fifteen or sixteen of which are on the present main route to Cumberland, and the remainder of the distance along the valley of 'Fifteen mile creek,' to the gap already mentioned, when, instead of pursuing the creek, the road turns towards the west, and ascends the valley of 'Rock Lick run,' a considerable stream, one of whose sources is the branch so frequently mentioned as containing within its bed the rocks from which two of the springs flow. Through this whole distance after leaving the turnpike, a most beautiful and romantic ride may be accomplished, the rise of the valley being so gentle as to present to the eye the appearance of a level plain."

On page 16 the commissioners give a scientific declaration in relation to the actual medicinal qualities of the waters.

" Chemically these waters are regarded as holding in combination sulphuretted hydrogen gas, beside several saline compounds, which contribute by their action to the effect of the gas. In this respect they resemble many other springs, both of this country and Europe; but their resemblance to the great White Sulphur Spring, of Greenbrier county, Virginia, is perhaps more close than to any other springs of great resort. A few words will explain the cause of the formation of the white deposit to which these springs owe their peculiar name of White Sulphur. The sulphuretted hydrogen gas, upon the access of the water to the air, has a great tendency to escape from its combination, and itself to undergo decomposition; from this results the separation of the sulphur from the water, and its consequent deposition upon the bed of the stream, along with some salts which are no longer soluble in consequence of the escape of the gases by which they were held in combination, and hence we have the white deposit consisting of sulphur, sulphate, and carbonate of lime."

" The analysis of the 'White Sulphur,' by Prof. Rogers, has never been communicated to the public, under the sanction of his name, and we are, therefore, unable to institute an exact comparison between it and the Carroll Springs. The only source from which a knowledge of its composition has reached us, is the popular and widely circulated volume of letters from the Virginia Springs by P. Prolix, whence we learn that 'it contains sulphuretted hydrogen, nitrogen, and oxygen (gases), sulphate, carbonate and muriate of lime, sulphate of magnesia.'"

" As regards temperature, the undersigned conceive that the 'Carroll White Sulphur Springs' have decided advantages, their temperature being so low, that beside furnishing a cool and refreshing draught, they

are enabled to retain their gaseous contents much longer in state of combination. We found their temperature to be from 47 to 48 degrees Far., a most agreeable temperature for a summer drink, being several degrees cooler than the ordinary springs of this neighborhood, which range from 53 to 55 degrees F."

"*Gaseous contents.*—Sulphuretted hydrogen, carbonic acid. *Solid contents.*—Sulphate of magnesia, muriate of soda, sulphate of lime, muriate of lime, carbonate of lime.

"The temperature of the small spring of common water adjacent to Sulphur Spring, number two, we found to be 48 degrees F.

"We pass now to the consideration of the action of these waters upon the animal economy. We have already been compelled somewhat to anticipate this branch of the subject, and shall, therefore, very briefly state a few additional observations respecting it.

"Practically we had no opportunity of judging of their effects, except that they produced upon one of the party that accompanied us, a very prompt and decided diuretic action. Tradition, in the neighborhood, attributes great virtue to them, and from the analogy of their composition to that of other waters, known by experience to possess decided beneficial action, we cannot but anticipate the relief or actual cure of many obstinate chronic diseases, if their use be persisted in systematically for a proper period of time, under judicious advice, and with due regard to regimen.

"Time alone can determine whether our anticipations in this respect will be realized, but we feel no hesitation in hazarding the assertion, that time will corroborate the opinion that these waters possess all the medicinal properties usually met with in White Sulphur Springs. We anticipate from them alterative, aperient, diuretic, and diaphoretic effects; and as all the adjuvants of healthy climate, pure mountain air, beautiful and romantic scenery, with healthy exercise and recreation, may be obtained at these springs, we can see no reason why these anticipations may not be realized; why the dyspeptic may not recover the tone and appetite, of which improper or imprudent excess may have deprived him; why the fallow complexioned son of the south may not lose the yellow hue which tinges his blood, giving evidence of diseased hepatic function; and why the sufferer from calculous and nephritic disease may not be relieved from the painful and distressing symptoms to which his frame is a martyr."

The fact being familiar that great numbers from New England annually visit these Springs, has induced us to extract more liberally than under other circumstances we should have felt warranted in doing, from a conviction that the true properties of the waters, after all, are but imperfectly understood by the multitude who go from the north to be healed at the white sulphur fountains.

"*Vegetable Diet.*"—Notice is hereby given to the individuals whose names are placed below, that they are each of them entitled to a copy of a new work by the subscriber, entitled "*Vegetable Diet, as sanctioned by Medical Men and by Experience, in all Ages;*" but as I know not how, in most instances, to forward it, free of expense and trouble to themselves, I have thought it the shortest, as well as most satisfactory course, to ask them to call on Messrs. Marsh, Capen & Lyon, of this

city, or send to them a written order by some friend, in either of which cases a copy will be furnished, with the owner's name written therein.

Boston, June 18, 1838.

WM. A. ALCOTT.

Names and residence of persons entitled to the work.—Milo L. North, M.D., Hartford, Conn.; Wm. H. Webster, M.D., Batavia, N. Y.; D. S. Wright, M.D., Whitehall, N. Y.; Caleb Bannister, M.D., Phelps, N. Y.; Lyman Terry, M.D., Franklin, Vt.; Lester Keep, M.D., Fair Haven, Conn.; Wm. Vincent, Esq., Stonington, Conn.; Dr. Eleazer Parmly, Dentist, New York city; J. M. B. Harden, M.D., Liberty Co., Georgia; H. N. Preston, M.D., Plymouth, Mass.; L. W. Sherman, M.D., Falmouth, Mass.; Joshua Porter, M.D., North Brookfield, Mass.; N. J. Knight, M.D., Truro, Mass.; Geo. H. Perry, M.D., Hopkinton, R. I. (for L. R. Bradley); Henry H. Brown, M.D., West Randolph, Vt.; John M. Andrew, M.D., Remson, Oneida Co., N. Y.; Josiah Bennet, Esq., Mount Joy, Penn.; Joseph Ricketson, Esq., Joseph Congdon, Esq., Geo. W. Baker, Esq., John Howland, Jr., Esq., New Bedford, Mass.

Hopkins Medical Association.—At the annual meeting of the Hopkins Medical Association, held at Mr. Fessendon's, in the city of Hartford, Conn., the following officers were chosen:—

Richard Warner, M.D.	- - - -	President.
Alvan Talcott, M.D.	- - - -	Vice President.
Archibald Welch, M.D.	- - - -	Recording Sec'y.
Henry Holmes, M.D.	- - - -	Corresponding Sec'y.

Drs. Warren, A. Fuller, James Rowland, and George B. Hawley, were elected members of the Association. Drs. David S. Dodge and Erasmus D. Hudson were appointed dissertators for the next meeting. An Essay on the History and Prospects of the Hopkins Medical Association, written by Dr. Milo L. North, who is now at Saratoga for his health, was read by the Secretary. Dr. Richard Warner read a history of typhoid pneumonia, as it appeared in Upper Middletown in March and April, 1838.

In the absence of Dr. North, we are not at liberty to present more than the following extract for publication.

"An established reputation for professional courtesy and honor should be an indispensable requisite for admission in the candidate proposed. The meanness, jealousy and littleness of medical men in former days are, alas, too well established. Collegiate education and attendance on medical schools, and the wide spread influence in our country of politeness founded on religious principle, have done much, not only to soften the natural asperity of the physician himself, but to throw restraint over him, by showing him how pitiful and degrading the exhibition in himself of low cunning and envy appear, in the eye of his more refined employers. To check these disgraceful propensities in ourselves and the practitioners around us, and to appear really noble and magnanimous to those who employ us, should be an object both paramount and permanent with every member."

Connecticut Medical Society.—At the annual convention of the President and Fellows of the Connecticut Medical Society, held at New Ha-

ven, May 9th, 1838, the following officers were elected for the ensuing year :—

Silas Fuller, M.D., *President* ; Elijah Middlebrook, M.D., *Vice President* ; Luther Ticknor, M.D., *Treasurer* ; Archibald Welch, M.D., *Secretary*.

Cholera in India.—A city called Sterembatoor has lately been smitten again with the scourge of the East, the cholera, which swept off many inhabitants. The reason assigned for this desolation was this—the goddess Ammal, has a temple in the town, which had been neglected for the last twenty years, and she therefore took signal vengeance on the multitude. Vows being made, however, it was said, that when the cause of her rage was ascertained, the goddess should positively have her just dues, the violence of the disease had moderated a little when last heard from.

Primitive Notions of Disease.—Mr. Champion, who resides at Gigani, in Southern Africa, says that if the natives have a bruise or wound in the days of their childhood, they imagine that its evil influences continue with them to make them sick through life. To pepper they attach great healing qualities, and often ask for it, be their ailment what it may. They eat it as greedily as they would sweetmeats.

Plague in Persia.—During the last summer and autumn the plague raged at Trebizand and the adjacent villages most fearfully, forty or fifty persons dying daily. Although the mission families were somewhat exposed to it, not a member of it contracted the disease. It seems to be making a sweeping circuit through that country, almost depopulating some of the most delightful and populous places in the Shah's dominions.

Scarifying Instruments.—Some beautifully made instruments may be seen at Messrs. Brewers, Cushing & Stevens's, 90 Washington Street, deserving the special attention of practitioners—particularly those residing in the country, where it is always difficult to procure leeches. They are from the celebrated surgical instrument establishment of Evans. Their selection of pocket cases are equally deserving of attention.

Medical School of the University of New York.—Dr. Washington is appointed to the chair of Clinical Medicine, Dr. Paine to the chair of Theory and Practice, and Dr. Lee to that of *Materia Medica*. Dr. Alfred C. Post, of New York, has been elected to the chair of Clinical Surgery, and Dr. Nathan Smith, of Baltimore, to that of Surgery, in the University Medical School. There is a warm contest in the council between the friends of the two prominent candidates for the chair of Obstetrics, Dr. Beales and Dr. Bedford.

Hæmatoris in the Infant.—Whenever an infant vomits blood the physician should never neglect to examine the state of the nurse's nipples. A child, three months of age, vomited a quantity of blood for several days, without any discoverable cause. At length the mother's breasts were examined, when a large ulcer was found on the right nipple, from which was derived the blood which the infant vomited.—*Zeit. für ges. Med.*

Whole number of deaths in Boston for the week ending June 23d, 22. Males, 16—females, 6.
Consumption, 2—purpura hemorrhagica, 1—typhous fever, 1—disease of the heart, 1—apoplexy, 1—
—do, 1—suicide, 1—malformation, 1—dropsy on the brain, 1—dropsy on the chest, 1—infantile, 1—
palpitation of the heart, 1—drowned, 2—old age, 1—measles, 1—sudden, 1—stillborn, 2.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Protrusion Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing-down" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delnfield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vendible as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

A. M. O. G. HULL, Office 4 Vesey Street, Astor House, New York.
The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.
Jan. 3. lyceop LOWE & REED, 24 Merchants Row, Boston.

MEDICAL LECTURES.

Two Medical Lectures at Hanover, N. H., will commence on Thursday, the 2nd of August next, and continue thirteen weeks.

Anatomy, Surgery and Obstetrics, by	R. D. MUSSEY, M.D.
Physiology, Materia Medica and Medical Jurisprudence, by	DANIEL OLIVER, M.D.
Theory and Practice of Physic, by	J. DELAMATER, M.D.
Chemistry and Pharmacy, by	O. F. HUBBARD, M.D.
Demonstrations in Anatomy, by	NOAH WORCESTER, M.D.
Lecture fees, \$50. Matriculating fee, \$3.	
June 1, 1838.	J13—cop3t

SARLANDIERE'S ANATOMY.

SYSTEMATIZED ANATOMY, or HUMAN ORGANOGRAPHY, in synoptical tables, with numerous plates, for the use of University Faculties, and Schools of Medicine and Surgery, Academies of Painting, Sculpture, and the Royal Colleges. By the CHEV. J. SARLANDIERE, D.M. Translated from the French by W. C. ROBERTS, M.D.

A few copies of the above for sale at Ticknor's, corner of Washington and School streets, at one half the original subscription price.

CLASS BOOK OF ANATOMY.

Two third edition of this useful guide for medical students, in elementary anatomy and physiology, by Dr. J. V. C. SMITH, may be had, ordered by mail, of the publisher, E. B. Davis—Joy's Building—No. 77 Washington Street. A18—tf.

MEDICAL INSTRUCTION.

Two subscribers propose to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon. JOSEPH H. FLINT.

Springfield, January, 1838.

Jan. 17.

RARE CHANCE FOR AN APOTHECARY.

To let, in the vicinity of Boston, on most inducing terms, a genteel and convenient dwelling house, together with a shop connected with the same, for many years lucratively employed in the retail drug business. Also for sale, the present stock and fixtures of the store, on terms uncommonly advantageous. The house being most desirably located for a residence, and the store being centrally situated in a flourishing neighborhood, and commanding an extensive and productive run of retail custom, offer to any retail druggist, who wishes for a neat and convenient dwelling and store connected, inducements seldom, if ever, met with. For a physician who would like to unite the shop with his practice, the stand is a desirable one indeed. The shop can be let separate from the house if desired. As the present owner is under the necessity of leaving this part of the country, on account of ill health of his family, it may be had at a bargain if applied for immediately. For terms, apply to

WM. C. STIMPSON & CO., Boston.

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